

Application for Temporary Mobility Parking Zone

Roads Act 1993

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| About this form | <p>Use this form to apply for signs to be installed to create a Mobility Parking zone outside your home or business.</p> <p>Depending on the impacts of the Mobility Parking Zone on neighbouring residents/businesses, the application may need to be reported to the Local Traffic Committee and Council for determination. Consequently, it may take up to eight (8) weeks for a successful application to be approved.</p> <p><u>Important information</u> to understand before filling out this application form:</p> <ul style="list-style-type: none"> • When applying for signage, you must provide a copy of both sides of your RMS Mobility Parking Permit. If you do not have an RMS Mobility Parking Permit, you first need to obtain one from a Motor Registry. You may be asked to provide a medical certificate with your application. • On-street disabled parking zones are not provided for holders of a Temporary Mobility Parking Scheme Permit or where off-street parking is available on the property. • On street disabled parking zones are generally only provided where there is difficulty in finding on-street parking spaces in close proximity to the subject property. • If approved, an on-street disabled parking zone will be installed as close as possible to the subject property considering adjacent parking space lengths. • On-street disabled parking zones can be used by any holder of a valid Mobility Parking Scheme Permit. The space is not exclusively reserved for use by the applicant / permit holder. • There is a need for the Mobility Parking Zone to be scheduled for review within 2 years of installation of the Mobility Parking Zone. This review will confirm circumstances have not changed and may require showing documentation for qualification of need to Demonstrate that the Parking Zone is still valid. • There is an obligation on the applicant to advise Council if circumstance change. • As part of the assessment, a council officer may contact you regarding this application. <p><u>Additional Charges:</u> Generally additional charges are only required where a kerb ramp (so a wheelchair can be used) is to be constructed adjacent to the requested mobility parking zone at the request of the applicant. Council will advise you of any additional fees after assessment of the application and payment will be required prior to approval of the Permit.</p> |
| How to complete | <ol style="list-style-type: none"> 1. Ensure that all fields have been filled out correctly. 2. Please print clearly 3. Once completed, please refer to the <i>How to Lodge</i> section for further information. |

| Section 1: Activity Location (Describe the location including street name(s) and proximity to a cross street and/or property) | | | |
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| Unit No. | | Street No. | |
| Street Name | | Cross Street(s) | |
| Suburb | | Postcode | |

| Section 2: Applicant's Details (Required) | | | |
|---|---|-----------------------------|-------------------------------|
| Salutation (✓) | <input type="checkbox"/> Mr | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss |
| | <input type="checkbox"/> Other (please specify) | | |
| First name | | Surname | |
| Postal Address | | | |
| Suburb | | Postcode | |
| Email | | | |
| Phone number: | | Other | |

| Section 3: Mandatory Documents to be supplied with all applications as separate documents, in pdf format, with clear file names |
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| <input type="checkbox"/> Application form – a signed copy of the application form. |
| <input type="checkbox"/> A copy of both sides of the Mobility Parking permit – see Section 4 below |
| <input type="checkbox"/> Medical Certificate, completed by a registered medical practitioner – see Section 5 below |
| The Applicant must provide the following information where applicable |
| <input type="checkbox"/> Signed letter of consent from neighbouring property owner, where the proposed parking space will extend in front of the neighbouring property (depending on local conditions, this may not be required when it is no more than 1-2 metres) |

Section 4: Mobility Parking Permit Details

A copy of both sides of the Permit must be attached to this application

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| Name on Permit | | | |
| Permit Type | <input type="checkbox"/> Individual (blue card) <input type="checkbox"/> Temporary (red card) <input type="checkbox"/> Organisation (green card) | | |
| Permit No | | Expiry Date: | ____/____/____ |

Section 5: Medical Certificate – (Must be completed by a registered medical practitioner)

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|---|--|---|----------------|
| Practitioners Name | | | |
| Health Profession | | | |
| Provider No | | | |
| Business Name | | | |
| Business Address | | | |
| Suburb: | | Postcode: | |
| Business Phone No | | | |
| I certify that: | <input type="checkbox"/> This person requires the use of a mobility aid to move, such as, crutches, walking frame, callipers, scooter, wheelchair or other mobility aid. | | |
| | <input type="checkbox"/> This person cannot walk more than 50 metres without their physical condition deteriorating to a detrimental level. | | |
| I certify that this condition is | <input type="checkbox"/> Permanent | | |
| | <input type="checkbox"/> Temporary for: _____ | | |
| I certify that this condition is related to | <input type="checkbox"/> Neurological Disorder | <input type="checkbox"/> Cerebrovascular Disorder | |
| | <input type="checkbox"/> Orthopaedic Disorder | <input type="checkbox"/> Blindness | |
| | <input type="checkbox"/> Cardiovascular Disorder | <input type="checkbox"/> Other: | |
| Name | | Date: | ____/____/____ |
| Signature | | | |

Section 6: Parking Details

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| What is the main purpose for the request for the disabled parking bay? | <input type="checkbox"/> Parking the permit holder vehicle. <input type="checkbox"/> Parking for another occupants' vehicle that is regularly used by the permit holder (i.e. vehicle parked overnight). <input type="checkbox"/> Parking for visiting carers vehicle while picking up and setting down the permit holder (i.e. short-term parking). <input type="checkbox"/> Other |
| Does the property have off-street parking facilities or a driveway? Note: on-street disabled parking will not be provided for applicants who have an off-street area to store their vehicle) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can the off-street parking facility be used for access to the vehicle for the permit holder? | <input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain) _____ _____ _____ |
| Access to the Vehicle permit holder is typically via | <input type="checkbox"/> Vehicles side door <input type="checkbox"/> Vehicles rear door |
| How often is the permit holder a driver of the vehicle? | <input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Never |
| How often is the permit holder a passenger of the vehicle? | <input type="checkbox"/> Always <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Never |
| Does the permit holder have a live-in carer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Permit Holder require use of a wheelchair? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 7: Applicant's Declaration (Required)

- I declare that all the information in the application is to the best of my knowledge, true and correct
- I understand that if the information is incomplete, the application may be delayed/ rejected or more information may be requested and accept delays in processing may arise out of any inadequacies in the material submitted in support of the application
- I acknowledge that if the information provided is misleading, any approval granted 'may be void'
- I declare that any electronic data provided is a true copy of all plans and associated documents submitted with this application. I declare that any electronic data is not corrupted and does not contain any viruses
- I understand that Council will use the information and materials provided for notification and advertising purposes if required.
- I have read, understood and agree to comply with Council's approval conditions

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| Applicant's signature | | Date | ____/____/____ |
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Privacy statement

This form contains personal information of a person/s making an application to Inner West Council. The requested information assists Council staff to respond to the applicant/s. The supply of information is voluntary. If you do not provide the requested information, Council may not be able to respond to / progress your application. The information will be retained in Council's record keeping system. Information held by Council is not made publicly available unless there is an overriding public interest to do so under the Government Information (Public Access) Act 2009 (GIPA Act) and in accordance with section 18(1)(b) of the NSW Privacy and Personal Information Protection Act 1998. For more information about your privacy please contact Inner West Council on (02) 9392 5000 and ask to speak with the Privacy Officer. Alternatively, you may email Council at council@innerwest.nsw.gov.au or write to us at P.O. Box 14, Petersham, NSW 2049.

How to Lodge

Lodging an application requires a completed application form, all mandatory documents, all relevant information and payment of the required fees.

From 27 April 2020, applications can be lodged online on Council's website at:
www.innerwest.nsw.gov.au/about/get-in-touch/online-self-service

- For applications being lodged in person or by mail, all documents must be contained on a USB device.
- All documents including plans must be submitted as separate PDF files, viewable in Adobe Acrobat – each document with clear (descriptive) file names.
- Security settings (including passwords and editing restrictions) must not be applied to electronic documents.
- Files larger than 5MB should be separated logically and supplied as separate PDF files.

Lodge online: www.innerwest.nsw.gov.au/about/get-in-touch/online-self-service

Lodge by mail: Inner West Council, PO Box 14, Petersham NSW 2049

Lodge in person: Inner West Council's Customer Service Centres:

- Ashfield – 260 Liverpool Road Ashfield.
- Leichhardt – 7-15 Wetherill Street Leichhardt.
- Petersham – 2-14 Fisher Street Petersham.

Opening hours: Monday-Friday, 8:30am-5:00pm www.innerwest.nsw.gov.au/ContactUs

Cashiering: 8:30am-4:30pm.

Fees and charges: This form does not necessarily include a comprehensive list of the fees that may be applicable. Council will advise you of any additional fees after assessment of the application and payment will be required prior to any approval. Find fees and charges on the Council website: www.innerwest.nsw.gov.au/FeesAndCharges

Cheques are to be made payable to: Inner West Council